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Notes From Cardiology Clinic: The Patients We Dislike

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The best word to describe him was, well, non-descript. He didn't jump out from the list of patients that I saw that day. He was a middle-aged white man with vague symptoms: ill-defined discomfort in his neck and shoulder, occasional palpitations, and headaches. His physical exam and electrocardiogram were unremarkable. I ordered some tests and gave him an appointment in a month to discuss the results.

He told me that he worked as lead guitarist in a rock band. I asked if he was any good, and he replied, with a smile, that yes, he was. That evening while I was working at my computer, this conversation popped into my mind, and I decided to Google him. I don't think I had ever done this with one of my patients, but I was curious as to whether I might have heard of his band. His name was unusual, so I thought he would be easy to find.

I typed in his name, hit search, and within an instant there was his face, smiling back at me, with a caption in large bold font "REGISTERED SEX OFFENDER!" I gulped and closed my browser.

In the United States mandatory public notification of sex offenders, including their location, is a requirement of Megan's Law, which dates from 1994.[1] The law memorializes Megan Kaski, a 7-year old child in New Jersey who was raped and murdered by a convicted sex offender who lived across the street, unbeknownst to her parents. Details vary from state to state, but information is usually available on

a public website. A similar database exists in Canada to aid in solving sex crimes, but is not available to the public.[2]

When I saw my patient again I told him that all his tests were normal, and that we had no evidence that he had heart disease. That he should go back to his internist to look for other potential causes for his symptoms, but that he didn't need to worry about his heart. He now seemed sleazy and sinister, and I was surprised that I hadn't noticed that before.

How do you feel about your patients? I genuinely like most of mine, and the remainder I feel neutral about. But this patient, I really did not like. I thought about whether there were other categories of patients that I disliked, but might not have noticed. I made a mental list that included patients with untreated psychosis or advanced dementia, those with morbid obesity, the wheelchair-bound, and heavy smokers with coronary disease who would not consider quitting. Although there are exceptions, I usually can't do much to help these patients, and that is frustrating.

But my list kept growing. I didn't like patients with very bad body odor, those who showed up for their appointment intoxicated or high on drugs, and those who didn't show up at all, multiple times without a good reason. I didn't like patients who never answer my questions, or

even seem to hear them. And although they are quite uncommon, I didn't like patients who are rude.

The literature on patients we dislike is sparse. A *New England Journal* essay from 1978 classifies hateful patients, defined as those whom most physicians dread, into 4 stereotypes: dependent clingers, entitled demanders, manipulative help-rejectors, and self-destructive deniers.[3] While we all have perhaps encountered patients like this, my patient didn't fit these categories; in fact, as mentioned, he was quite non-descript. Perhaps the problem was me and not my patient.

Eventually I returned to examine the website for sex offenders. I saw that my patient had been convicted of having sex with under-aged girls, but his crime occurred decades ago, and he had no recurrences. One of the assumptions underlying Megan's Law is that the recidivism rate for sex crimes is high. This is a controversial topic, in part because sex crimes usually go unreported, recidivism is defined differently in different studies, most re-arrests of sex offenders are for other crimes, and follow-up durations and characteristics of the included offenders varied greatly from study to study.[4] In a meta-analysis of 10 studies, the sexual recidivism rate (new charges or convictions) at 5, 10 and 15 years were 14%, 20% and 24%.[4] Recidivism was higher in those with more than one prior conviction compared to those with only one, and the rate of reoffending decreased the longer offenders had been

offense-free. These rates are generally lower than the rates for other crimes.

The second questionable assumption underlying Megan's Law is that sexual offenders are few in number, and thus knowing their location might be helpful. I was astonished to see that for the county of San Francisco (consisting basically of the city of San Francisco) there were 877 total offenders. In comparison, the number of Starbucks in San Francisco has been estimated at 80. The ratio of sex offenders to Starbucks thus exceeds 10 to 1.

As for my patient, after considerable thought, my feelings have evolved. While I still abhor his crime, I am trying to consider him as a person separate from it. If he ever needs a cardiologist again, well, I will see him.

Near Cook County Hospital in Chicago sits a worn, dilapidated monument to Louis Pasteur. The story of how it got there and what might become of it is complicated, but the inscription on it is simple:

"One doesn't ask of one who suffers: what is your country and what is your religion. One merely says, you suffer. This is enough for me. You belong to me and I shall help you."

I am a long way from attaining this exalted perspective of Dr. Pasteur but am trying to move in that direction.

Disclosures: none.

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